



PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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|   |            |   |             |
|---|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>246472003920 |             |
| <b>Application Number</b> 10/731,432  |            | <b>Filed</b> December 10, 2003                  |             |
| <b>For</b> INSTRUMENT SET FOR FITTING AN INTERVERTEBRAL JOINT PROSTHESIS  |            |   |             |
| <b>Art Unit</b> 3733  |            | <b>Examiner</b> R. R. Shaffer                   |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee<br>Transmittal form (PTO/SB/17) is attached to this<br>submission in duplicate. |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>59,875</u>  |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |             |
| _____<br>Signature  |            | _____<br>Date                                   |             |
| _____<br>S. Laura Chung<br>Typed or printed name  |            | _____<br>(703) 760-7312<br>Telephone Number     |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |             |

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|   |      |                          |                   |
|---|------|--------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |      | <b>Complete if Known</b> |                   |
|   |      | Application Number       | 10/731,432        |
|   |      | Filing Date              | December 10, 2003 |
|   |      | First Named Inventor     | Helmut D. LINK    |
|   |      | Examiner Name            | R. R. Shaffer     |
|   |      | Art Unit                 | 3733              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      | Attorney Docket No.      | 246472003920      |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 1,810.00                 |                   |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
|              |              |          |               | Fee (\$)                  |
|              |              |          |               | Fee Paid (\$)             |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|               |              |          |               |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|              |              |  |          |               |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                               |                |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | 790.00         |
| 1253 Extension for response within third month  | 1,020.00       |

**SUBMITTED BY**

|                   |                       |                                   |                 |           |                |
|-------------------|-----------------------|-----------------------------------|-----------------|-----------|----------------|
| Signature         | <i>S. Laura Chung</i> | Registration No. (Attorney/Agent) | 59,875          | Telephone | (703) 760-7312 |
| Name (Print/Type) | S. Laura Chung        | Date                              | August 31, 2007 |           |                |